Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

| CLAIMS AS FILED - PART I  |   |   |                    |                      |                                 |                  |          | SMALL ENTITY      |                                       |               | OTHER THAN                |                        |
|---|---|---|--------------------|----------------------|---------------------------------|------------------|----------|-------------------|---------------------------------------|---------------|---------------------------|------------------------|
| par   |   |   | (Column 1)         |                      | (Column 2)                      |                  |          | TYPE              |                                       | OR            | OTHER THAN<br>SMALL ENTIT |                        |
| TOTAL CLAIMS  |   |   | 20                 |                      |                                 |                  | Г        | RATE              | FEE                                   |               | RATE                      | FEE ,                  |
| FOR   |   |   | NUMBER FILED       |                      | NUMBER EXTRA                    |                  | В        | ASIC FEE          | 355.00                                | OR            | BASIC FEE                 | 710.00                 |
| TOTAL CHARGEABLE CLAIMS   |   |   | 20 minus 20=       |                      |                                 |                  |          | X\$ 9=            |                                       | OR            | X\$18=                    |                        |
| INDEPENDENT CLAIMS  |   |   | 3 minus 3 =        |                      | . &                             |                  |          | X40=              |                                       | OR            | X80=                      |                        |
| MUL   | TIPLE DEPEN   | DENT CLAIM P                              | RESENT             |                      |                                 |                  |          | +135=             |                                       | OR            | +270=                     | 100 mg/s               |
| f.the difference in column 1 is less than zero, enter "0" in column 2 |   |   |                    |                      |                                 |                  |          | TOTAL             | hand the same                         | OR<br>OR      | TOTAL                     | 7/0                    |
| CLAIMS AS AMENDED - PART II   |   |   |                    |                      |                                 |                  |          |                   |                                       |               | OTHER                     |                        |
|   |   | (Column 1)                                |                    | (Colui               | mn 2)                           | (Column 3)       |          | SMALL E           |                                       | ÔR            | SMALL                     | 1.40                   |
| AMENDMENT A   |   | REMAINING NU AFTER PRE                    |                    | NUM<br>PREVIO        | HEST<br>IBER<br>OUSLY<br>FOR    | PRESENT RA       |          |                   | ADDI-<br>TIONAL<br>FEE                |               | RATE                      | ADDI:<br>TIONAL<br>FEE |
| DM  | Total   | .20                                       | Minus              | 2                    | 0                               | =                | X        | X\$ 9=            |                                       | <del>OR</del> | X\$18=                    |                        |
| WE  | Independent   | • ও                                       | Minus              | ***                  | 5                               | =                |          | X40=              |                                       | OR            | X80=                      | 1.42                   |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                    |                      |                                 |                  |          | +135=             |                                       | OR            | +270=                     |                        |
|   |   |   |                    |                      |                                 |                  |          | TOTAL             | · · · · · · · · · · · · · · · · · · · |               | TOTAL<br>ADDIT. FEE       |                        |
| (Column 1) (Column 2) (Column 3)                                      |   |   |                    |                      |                                 |                  |          | DIT. FEE          |                                       |               | ADUII. FEE                |                        |
| ENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                    | HIGH<br>NUM<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA |          | RATE              | ADDI-<br>TIONAL<br>FEE                |               | RATE                      | ADDI-<br>TIONAL<br>FEE |
| NON   | Total   | •   | Minus              | **                   |                                 | =                |          | X\$ 9=            |                                       | OR            | X\$18=                    |                        |
| <b>AMENDMENT</b>  | Independent   | *   | Minus              | ***                  | T OL ALL                        | = .              |          | X40=              |                                       | OR            | X80=                      |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                        |   |   |                    |                      |                                 |                  | '   T    | +135=             |                                       | OR            | +270=                     |                        |
|   |   |   |                    |                      |                                 |                  | AD       | TOTAL<br>DIT. FEE |                                       | OR            | TOTAL<br>ADDIT. FEE       |                        |
| <u> </u>  | (Column 1) (Column 2) (Column 3)  |   |                    |                      |                                 |                  |          |                   |                                       |               |                           |                        |
| AMENDMENT C   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                    | NUM<br>PREVI         | HEST<br>MBER<br>HOUSLY<br>D FOR | PRESENT<br>EXTRA |          | RATE              | ADDI-<br>TIONAL<br>FEE                |               | RATE                      | ADDI-<br>TIONAL<br>FEE |
|   | Total   |   | Minus              | **                   |                                 | =                | 15       | X\$ 9=            |                                       | OR            | X\$18=                    |                        |
|   | Independent   | •   | Minus              | ***                  | T CI                            | =                | $\  \ $  | X40=              |                                       | OR            | X80=                      |                        |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135=  |   |                    |                      |                                 |                  |          | _12F_             |                                       | 1             | +270=                     |                        |
|   | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." |   |                    |                      |                                 |                  |          |                   | <b> </b>                              | OR            | TOTAL                     |                        |
| ••  | If the "Highest Nu  | · AL                                      | TOTAL<br>DDIT. FEE |                      | 1 <sub>OH</sub>                 | ADDIT. FEE       | <u> </u> |                   |                                       |               |                           |                        |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.